

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

APPLICANT(S)

FILING DATE

107014860

10-29-07

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2			1			
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47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
TOTAL OFF.						
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